



Interoffice Memorandum

May 2, 2024

TO: Mayor Jerry L. Demings
-AND-
County Commissioners

FROM: Ed Torres, M.S., P.E. LEED AP, Director
Utilities Department

*Approved For
ED TORRES*

SUBJECT: **May 21, 2024 - Consent Agenda**
Applications for Commercial Refuse License
Contact Person: David Gregory, Manager
Solid Waste Division
407-254-9622

The Solid Waste Division has received a commercial refuse license application from Pouncey Recycling & Sanitation, Inc, to provide solid waste hauling services to multi-family and construction and demolition in Orange County.

Section 32-178 of the Orange County Code requires that the applicant,

- Provide ownership information and corporate fictitious name,
- Purchase and maintain required insurance, and
- Demonstrate the service capability of vehicles and equipment,

Staff has reviewed the application and supporting documentation and determined that Pouncey Recycling & Sanitation, Inc meets the criteria stipulated in Section 32-178 of the Orange County Code. Staff recommends approval of the application and award of a license to provide commercial solid waste collection and transport service in unincorporated Orange County for a period of five years.

ACTION REQUESTED: **Approval of commercial refuse license for Pouncey Recycling & Sanitation, Inc to provide solid waste hauling services to commercial generators in Orange County for a five-year term.**

All Districts.

Pouncey Recycling & Sanitation, Inc
(NAME OF COMPANY)

CHECKLIST FOR A COMMERCIAL REFUSE LICENSE

The following is a list of documentation included in this package:

- Application for commercial hauler license

Service information to include the following data:

- Area(s) of Orange County to be serviced
- Number of employees
- Number of commercial vehicles to be used in the business
- Truck numbers and tare weights of each vehicle
- Vehicle registration(s)

Certificate of Insurance issued to Orange County showing:

- Orange County shall be named as an additional insured & certificate holder on all liability policies.
- General Liability – in an amount not less than \$1,000,000 per occurrence
- Workers' Compensation as required by Florida Statue Chapter 440.
- Pollution Legal Liability including coverage for bodily injury and property damage as well as cleanup and defense costs with limits of not less than \$1,000,000 per loss.
- Vehicle Insurance – in an amount not less than \$1,000,000 per accident.

Orange County Local Business Tax Receipt

- (formerly called Occupational License)

License Fee:

- \$ 25.00 3 or less employees
- \$200.00 4 to 10 employees
- \$350.00 11 or more employees

BCC Mtg. Date: May 21, 2024

**APPLICATION FOR COMMERCIAL REFUSE LICENSE
COUNTY OF ORANGE, FLORIDA**

Please Check the Services Your Company Provides:

- Multifamily - Collection of solid waste from residential dwellings and mobile home parks not under the franchise system.
- Construction & Demolition - Collection of Construction and Demolition debris only.
- Other Commercial - Collection and/or processing of solid waste from commercial generators not covered under (1) or (2) above.

UNDER THE PROVISIONS of Orange County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto, the following information is required.

COMPANY NAME: Pouncey Recycling & Sanitation Inc

TRADE / FIRM NAME OF COMPANY: _____

MAILING ADDRESS: PO. Box 5302

CITY / STATE / ZIP CODE: Lakeland, FL, 33807

PHONE NUMBER: 863-608-5472 FAX: _____

CONTACT PERSON: Lisa Webster

E-MAIL ADDRESS: pouncey sanitation@gmail.com

EMERGENCY PHONE NUMBER: 863-608-5472

NUMBER OF EMPLOYEES: 2

LOCATION OF EQUIPMENT:

ADDRESS: 2504 Hine & Mill Lane

CITY / STATE / ZIP: Lakeland, FL, 33801

HOURS OF OPERATION: 6 AM - 6 PM

DAYS OF OPERATION: M-F

**APPLICATION FOR COMMERCIAL REFUSE LICENSE
COUNTY OF ORANGE, FLORIDA**

If a joint venture or partnership, list the names of all partners and their permanent addresses. If a corporation, list the names and permanent address of corporate officers, and their percentage of participation in the space below; if more space is required, attach a separate sheet.

	Name	Office Held	Permanent Address	% Owned
a.	Alisa Webster	President	4225 Walyon Dr Mulberry, Fl. 33860	51
b.	Clinton Perkinson	VP	5984 Hillside Heights Dr Lakeland, Fl. 33812	
c.				
d.				
e.				

I certify that the aforesaid company is capable of rendering adequate commercial refuse collection service in accordance with the provisions of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES NO

I certify that the aforesaid company owns or has under its control, in good mechanical repair and condition, sufficient equipment to adequately conduct the business of commercial refuse collection and all such equipment meets the requirements of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES NO

I have read, understand and am willing to comply with the provisions of the County's Solid Waste Collection and Disposal Ordinance and all applicable rules and regulations.

Alisa Webster 4-5-24
Signature of Authorized Representative Date

President
Title

Home Address 4225 Walyon Dr

City / State / Zip Mulberry, Fl. 33860

**APPLICATION FOR COMMERCIAL REFUSE LICENSE
COUNTY OF ORANGE, FLORIDA**

AFFIDAVIT

(to be attested before a Notary Public or other
officer authorized to administer oaths)

STATE OF Fla
COUNTY OF Polk

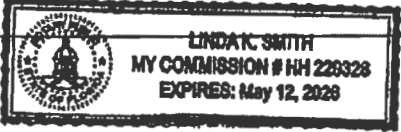
Personally appeared before me, an officer duly qualified to administer an oath in the City of Mulberry, State of Florida, known to me to be the person herein described and subscribing hereto, and on oath deposes and says that the statements made are true and correct.

Signature of Applicant Alisa Webster

Sworn to and subscribed before me, this 5 day of April, 2024

Linda K. Smith
(Notary Public)

My Commission Expires:





UTILITIES DEPARTMENT • SOLID WASTE DIVISION

5901 Young Pine Road • Orlando, Florida 32829

Telephone 407-836-6601 • Fax 407-836-6658

April 5, 2024

EMAILED

Greetings:

Enclosed is an application for an Orange County Commercial Refuse License. After the Solid Waste Division receives the completed application and requested documentation, the normal processing time is 6-8 weeks or longer. You will be notified when your license has been approved.

Section 32-177 of the Orange County Code states that "It is unlawful for any person to collect or transport solid waste for hire or for remuneration or other consideration in any form without first being granted a commercial license."

In compliance with the existing requirements of the Orange County Code Chapter 32, the following documentation must be completed and submitted:

- Completed application
- Vehicle registration(s)
- Updated copy of your Orange County Business Tax Receipt (*formerly Occupational License*).

Certificate of Insurance with:

- General Liability Insurance - \$1,000,000 per occurrence/ \$2,000,000 aggregate
- Business Vehicle Insurance – in an amount not less than \$1,000,000 per accident
- Workers Compensation as required by Florida Statute Chapter 440
- Pollution Legal Liability (also referred to as Commercial Auto CA 9948) with limits of not less than \$1,000,000 per loss
- Description of Operations must state the following –
Orange County is named as additional insured on liability policies
- Certificate Holder must state the following –
Orange County Florida, C/O Solid Waste Division, 5901 Young Pine Rd.,
Orlando, FL 32829
- Check made payable to Orange County Solid Waste, based on your total number of employees. The annual license fees are as follows:

\$ 25.00 – 3 or less employees
\$200.00 – 4 to 10 employees
\$350.00 – 11 or more employees



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/08/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Rip Weachter Insurance Agency, Inc. 4311 W El Prado Blvd Tampa FL 33629		CONTACT NAME: Ronald Ayers Jr PHONE (A/C, No, Ext): (813) 831-8889 E-MAIL ADDRESS: ron@weachterinsurance.com FAX (A/C, No): (813) 831-8180	
INSURED Pouncey Recycling & Sanitation Inc. 2506 Mine and Mill Ln. Lakeland FL 33801		INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL244818582 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			0100249469-0	07/13/2023	07/13/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Orange County is named as additional insured on the General Liability policy.

CERTIFICATE HOLDER Orange County Florida C/O Solid Waste Division 5901 Young Pine Rd. Orlando FL 32829	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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POUNCEY-FL

JKC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/5/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Exclusive Programs, Inc.
www.exclusiveprograms.com
PO Box 29-4170
Boca Raton, FL 33429-4170

(888) 401-4774

CONTACT NAME: William F. Comiskey Jr. CIC
PHONE (A/C, No, Ext): 888-401-4774 FAX (A/C, No): 888-465-0444
E-MAIL ADDRESS: COI@EXCLUSIVEPROGRAMS.COM

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Covington Specialty Insurance Company 13027

INSURER B: Key Risk Insurance Company

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Pouncey Recycling & Sanitation, Inc.
PO Box 5302
Lakeland, FL 33807

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	VBA92535100	6/23/2023	6/23/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	BAP2029333-14	6/23/2023	6/23/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP LIMIT \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Pollution Liability coverage is included, see attached.

CERTIFICATE HOLDER

Orange County Florida, C/O Solid Waste Division
5901 Young Pine Rd.
Orlando, FL 32829-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wm Comiskey, Jr.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLLUTION LIABILITY – BROADENED COVERAGE FOR COVERED AUTOS – BUSINESS AUTO AND MOTOR CARRIER COVERAGE FORMS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Covered Autos Liability Coverage is changed as follows:

1. Paragraph **a.** of the **Pollution** Exclusion applies only to liability assumed under a contract or agreement.
2. With respect to the coverage afforded by Paragraph **A.1.** above, Exclusion **B.6. Care, Custody Or Control** does not apply.

B. Changes In Definitions

For the purposes of this endorsement, Paragraph **D.** of the **Definitions** Section is replaced by the following:

- D.** "Covered pollution cost or expense" means any cost or expense arising out of:
1. Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or
 2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to or assessing the effects of "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- b. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraphs **a.** and **b.** above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.



IDEAREF-01

DASBURY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/5/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Construction Casualty Insurance, LLC. CONTACT NAME: Certificates. PHONE: (727) 258-5774. FAX: (A/C, No):. E-MAIL ADDRESS: certs@cci-ins.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Frank Winston Crum Insurance Company. NAIC #: 11600.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) When required by written contract, a waiver of subrogation applies in favor of the certificate holder on the Workers' Compensation policy.

CERTIFICATE HOLDER: Orange County Florida c/o Solid Waste Division. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

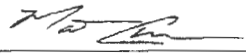
Any person or organization where you are obligated to waiver rights of recovery pursuant to a written contract or agreement executed prior to loss.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01/11/2024 Policy No. FWFL0026968501 Endorsement No.
Insured Pouncey Recycling & Sanitation Inc Premium

Insurance Company Frank Winston Crum Insurance Company

Countersigned by 

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2023 EXPIRES 9/30/2024
3100 TRASH PICKUP \$15 00 1 EMPLOYEE :

3100-1245064

TOTAL TAX \$15 00
PREVIOUSLY PAID \$15 00
TOTAL DUE \$0 00

WEBSTER ALISA Y - PRESIDENT

POUNCEY RECYCLING & SANITATION INC
WEBSTER ALISA Y
2506 MINE AND MILL LN
LAKELAND FL 33801

MOBILE FROM POLK COUNTY (MOBILE)
X - OUT OF COUNTY, 00000

PAID \$15 00 2002-09677205 4/9/2024

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2023 EXPIRES 9/30/2024
3100 TRASH PICKUP \$15 00 1 EMPLOYEE :

3100-1245064

TOTAL TAX \$15 00
PREVIOUSLY PAID \$15 00
TOTAL DUE \$0 00



WEBSTER ALISA Y - PRESIDENT

POUNCEY RECYCLING & SANITATION INC
WEBSTER ALISA Y
2506 MINE AND MILL LN
LAKELAND FL 33801

MOBILE FROM POLK COUNTY (MOBILE)
X - OUT OF COUNTY, 00000

PAID: \$15 00 2002-09677205 4/9/2024

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.

COAGY 5 2 TR 1916522861
BR 3342148

FLORIDA VEHICLE REGISTRATION

PLATE P7786H DECAL 20612487 Expires Midnight Tue 12/31/2024

YR/MK	2017/PTRB	BODY	TK	COLOR	WHI	Reg. Tax	1,377.10	Class Code	41
VIN	1NPCL70X5HD411188			TITLE	124555282	Init. Reg.		Tax Months	12
Plate Type	TUR	NET WT	19329	GVW	66000	County Fee	3.00	Back Tax Mos	
						Mail Fee	5.45	Credit Class	
						Sales Tax		Credit Months	
DL/FED	2108700530T					Voluntary Fees			
Date Issued	1/29/2024	Plate Issued	1/29/2024			Grand Total	1385.55		

IDEAL REFUSE SAVINGS INC
190 FITZGERALD RD SUITE 2
LAKELAND, FL 33813

- IMPORTANT INFORMATION**
- The Florida license plate must remain with the registrant upon sale of vehicle
 - The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle
 - Your registration must be updated to your new address within 30 days of moving.
 - Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes
 - I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

TUR - TRUCKS WITH TWO PLATES PLATE ISSUED X

COAGY 69 / 02 TR 1946984389
BR

FLORIDA TRUCK/TRACTOR REGISTRATION

PLATE DPR0625 DECAL Expires Midnight Tue 05/07/2024

YR/MK	2018/KW	BODY	TK	COLOR	WHI	Reg. Tax	2.00	Class Code	13
VIN	1NKZLPOX0JJ205347			TITLE	66000	Init. Reg.		Tax Months	0
Plate Type	TDL	NET WT	24000	GVW		County Fee		Back Tax Mos	
						Mail Fee		Credit Class	
						Sales Tax		Credit Months	
						Voluntary Fees			
Date Issued	04/08/2024	Plate Issued	04/08/2024			Grand Total	2.00		

POUNCEY RECYCLING & SANITATION INC
2508 MINE AND MILL LN
LAKELAND, FL 33801

- IMPORTANT INFORMATION**
- The Florida license plate must remain with the registrant upon sale of vehicle.
 - The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle
 - Your registration must be updated to your new address within 30 days of moving.
 - Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes
 - I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

COAGY 5 1 TR 1875519471
BR 6850084

FLORIDA VEHICLE REGISTRATION

PLATE P2165H DECAL 17094630 Expires Midnight Tue 12/31/2024

YR/MK	2007/FKRY	BODY	TK	COLOR	WHI	Reg. Tax	1,320.40	Class Code	41
VIN	1FVHC50637HY25210			TITLE	127095630	Init. Reg.		Tax Months	14
Plate Type	TUR	NET WT	18500	GVW	66000	County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
						Sales Tax		Credit Months	
DL/FED	98507101581					Voluntary Fees			
Date Issued	10/20/2023	Plate Issued	10/20/2023			Grand Total	1321.40		

POUNCEY RECYCLING & SANITATION INC
PO BOX 5302
LAKELAND, FL 33807-5302

- IMPORTANT INFORMATION**
- The Florida license plate must remain with the registrant upon sale of vehicle
 - The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle
 - Your registration must be updated to your new address within 30 days of moving.
 - Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes
 - I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

TUR - TRUCKS WITH TWO PLATES PLATE ISSUED X

855-593 6712